## EXHIBIT C

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OOF OF CLAIM		
Name of Debtor	Case Number			
USA Commercial Mutg. Comp	06-10725			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exparising after the commencement of the case A request for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address 1132120000	189	statement giving particulars		
Acres Corporation "	90	Check box if you have never received any notices		
Profit Sharing Plan	70	from the bankruptcy court or BMC Group in this case		IIS PROOF OF CLAIM FOR A
Annemarie Rehherger, Irustee		Check box if this address	ONE OF THE DE	BTORS
Box 3651 Indine Village, NV894	150	differs from the address on the envelope sent to you by the		ready filed a proof of claim with the tor BMC you do not need to file again
Creditor Telephone Number (++3 83 - 4944		court	THIS SPAC	CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies LD 6239 Acc #6994	deptor	Check here replace or if this claim amen	a previousi	y filed claim dated
1 BÁSIS FOR CLAIM Personal injury/wrongful death	Retiree b	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Service performed Taxes		salaries and compensation (indicated and compensation (ind	fill out below)	Other claims against servicer (not for loan balances)
Money loaned, Other (describe briefly)	Unpaid o	ompensation for services per	formed from	to
2 DATE DEBT WAS INCURRED April 13.06	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	t best descri	be your claim and state the amoi	unt of the claim at	the time case filed
UNSECURED NONPRIORITY CLAIM \$	_	SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of ye entitled to priority	your claim our claim is	a right of setoff)	Easta	red by collateral (including is Partners III)
UNSECURED PRIORITY CLAIM		Brief description of Real Estate		e Dother
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral		rouse
Amount entitled to priority \$  Specify the priority of the claim		Amount of arrearage ar	nd other charges	at time case filed included in
Domestic support obligations under 11 U S C § 507(a) (1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward	ard purchase leas	
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		services for personal fairtily-e Taxes or penalties owed to go	vernmental units	14 U.S.C. § 507(a)(8)
Contendutions to an employee benefit plan 11 USC § 507(a)(5)	\	Other Specify applicable para  * Amounts are subject to adjus	tment on 4/1/07 a	nd every 3 years thereafter
	u cip	with respect to cases commen	es 54	date or adjustment
AT TIME CASE FILED (upserstrent).		ecured)	( priority)	(Total)
Check this box if claim includes interest or other charges in addition to the				Ţ .
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS Attach copies of supporting docu- running acrounts contracts court judgments mortgages security a DOCUMENTS If the documents are not available explain. If the	<i>iment</i> s, su agreement	ch as promissory notes pure s and evidence of perfection	hase orders inv	oices itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim			•	d envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, c governmental units)	, prevailin	g Pacific time, on Novembe	r 13, 2006	THIS SPACE FOR COURT USE ONLY
<b>BY MAIL TO</b> BMC Group	BY HAND O	OR OVERNIGHT DELIVERY TO		
Attn USACM Claims Docketing Center P O Box 911	Attn USA	CM Claims Docketing Center Franklin Avenue	Ī	
El Segundo CA 90245-0911	El Seguno	lo/CA 90245		FII FD DEC 1 3 2006
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attorn)  Compared to the claim (attach copy of power of attorn)	e cyteolitor or new vir any	other person authorized to file		USA CMC
Penalty for presenting fraudulent of time is a fine of up to \$500,000 or imprisogne	nt for yp to	years, or foth, 18 U.S.C. §§ 1	52 AND 3571	
Anne were 12 Re	-VI h,	eveel		1072501764

Form B10 (Official Form 10)(10/05)			
United States Bankruptcy Court District of N	22222222		
Name of Debtor USA COMMERCIAL MORTGAGE COMPANY	PROOF OF CLAIM		
NOTE This form should not be used to make a claim for an admi			
case A "request" for payment of an administrative expense may l Name of Creditor (The person or other entity to whom the		If you are aware that anyone	
debtor owes money or property)		ed a proof of claim relating to	E-FILED
TIMOTHY JAMES BAUER and		Attach copy of statement	
Name & address where notices should be sent		if you have never received any	
DONNA M OSBORN, ESQ		n the bankruptcy court in this	
Marquis & Aurbach	case		1
10001 Park Run Drive		if the address differs from the	
Las Vegas, NV 89145	4	the envelope sent to you by the	
Telephone number (702) 382-0711	court		Tive Spicon to Cover Her Cover
Account or other number by which creditor identifies	Check here	replaces	THIS SPACE IS FOR COURT USE ONLY
debtor	į	amends a previously filed claim, da	ited
CASTAIC PARTNERS III LLC			
1 BASIS FOR CLAIM		efits as defined in 11 USC § 1114(	
☐ Goods sold		uries, and compensation (fill out below	w)
☐ Services performed		t four digits of your SS #	<del></del> .
Money loaned	Unj	oaid compensation for services perfor	med
☐ Personal mjury/wrongful death ☐ Taxes	from	n to	
Other	1101	(date) (date)	<del></del>
2 Date debt was incurred		3 If court judgment, date obtain	ed
9-22-05		L	
Classification of Claim Check the appropriate box or be See reverse side for important explanations	oxes that best describ		the claim at the time case filed
Unsecured Nonpriority Claim \$		Secured Claim	
☐ Check this box if a) there is no collateral or lien securing		☐ Check this box if your claim is a right of setoff)	secured by collateral (including
your claim exceeds the value of the property securing it, or if	c) none or only	a right of setott)	
part of your claim is entitled to priority		Brief description of col	lateral
Unsecured Priority Claim  Check this box if you have an unsecured claim all or pa	ert of which is	X Real Estate	Aotor Vehicle ☐ Other
entitled to priority	at of which is	Value of collateral \$U	
			<del></del>
Amount entitled to priority \$		claim if any \$ 60,000 00	arges at time case filed included in secured
Specify the priority of the claim			ward purchase, lease or rental of property
Domestic support obligations under 11 U S C § 507(	aVIVA) or	or services for personal, family of	or household use- 11 U S C § 507(a)(7)
(a)(1)(B)	a)(t)(A) O	☐ Taxes or negalities owed to a	governmental units 11 U S C § 507(a)(8)
(4)(1)(2)			50 vormitement units 11 0 5 0 3 50 /(µ)(0)
☐ Wages, salaries, or commissions (up to \$10,000),* eadays before filing of the bankruptcy petition or cessation of		☐ Other-Specify applicable pa	ragraph of 11 U S C § 507(a)( )
business, whichever is earlier - 11 U S C § 507(a)(4)	or mic aconor 2	*Amounts are subject to adjustment	on 4/1/07 and every three years thereafter with
		respect to cases commenced on or af	
☐ Contributions to an employee benefit plan - 11 U S C	§ 507(a)(5)		
5 Total Amount of Claim at Time Case Filed	<b>s</b>	\$ <u>60.000 <b>00</b></u>	\$ <u>60,000 00</u>
	(unsecured)	(secured)	(priority) (total)
☐ Check this box if claim includes interest or other characteristic additional charges	irges in addition to t	he principle amount of the claim	Attach itemized statement of all interest or
6 Credits The amount of all payments on this claim has	s been credited and	deducted for the nurnose of	THIS SPACE IS FOR COURT USE ONLY
making this proof of claim	This stack is for cook! Ose ONL!		
7 Supporting documents Attach copies of supporting			
orders, invoices, itemized statements of running accounts			
agreements, and evidence of perfection of lien DO NOT			
documents are not available, explain If the documents are			
8 Date-Stamped copy To receive an acknowledgment addressed envelope and a copy of this proof of claim			
Date Sign and print the name and title, if			
this claim (attach copy of power of a			
10-23-06	Donna M C	Sborn, Esa	
		imprisonment for up to 5 years, or b	oth 19 IICC 88 152 & 2571

Case 06-10725-gwz Doc 884		ntered 08/06/11 14:	24:01 Pag	ge 4 of 11
	PRO	OOF OF CLAIM		
Name of Debtor	Case Nu	ımber		
MBRIE K CARAHO	BK-	5-06-10725LAR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative ex ansing after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503  Name of Creditor and Address		Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement glving particulars		
MARIE K CARANO 2780 LAKESIDE DR RENO NV 89509-4218	60	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case		IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
Creditor Telephone Number (75) 828 - 0899		Check box if this address differs from the address on the envelope sent to you by the court	lf you have alr Bankruptcy Court	eady filed a proof of claim with the or BMC you do not need to file again
Last four digits of account or other number by which creditor identifies	debtor	Check berg T replac	<del></del>	2 10 1 017 000171 000 01121
2862 CASTAIC PARTHES	# 4	I check liete 🗂 . ""	a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree b	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Taxes		salaries and compensation (f	fill out below)	Other claims against servicer (not for loan balances)
Money loaned Under (describe briefly)	Unpaid o	compensation for services per	formed from	to (date) (date)
2 DATE DEBT WAS INCURRED 6/9/2005	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(2310)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes the	at best descri	be your claim and state the amou	int of the claim at t	he time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$  Check this box if a) there is no collateral or lien securing your claim or b	A vour claim	Check this box if yo	our claim is secui	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of y	your claim is	a right of setoff)		
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of	collateral	
Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other
entitled to pnority		Value of Collateral	\$	
Amount entitled to priority \$  Specify the priority of the claim		Amount of arrearage an secured claim if any	d other charges	at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Wages salaries or commissions (up to \$10 000)* earned within 180 day		Up to \$2 225* of deposits towa services for personal family o	rd purchase lease	or rental of property or
before filing of the bankruptcy petition or cessation of the debtor's	"	Taxes or penalties owed to gov		
business whichever is earlier 11 U.S.C. § 507(a)(4)  Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)		Other Specify applicable para		
Commodutions to an employee benefit plan 11 0 5 C § 507(a)(5)		* Amounts are subject to adjus with respect to cases commen	tment on 4/1/07 ar	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$	100	0,000 \$	obd on or and the	\$ /00.000
AT TIME CASE FILED (unsecured)	(8	ecured)	( pnonty)	(Total)
Check this box if claim includes interest or other charges in addition to t				*
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS Attach copies of supporting doc running accounts contracts court judgments mortgages security DOCUMENTS If the documents are not available explain. If the	cuments, su agreement	ich as promissory notes pure s, and evidence of perfection	hase orders inv	oices itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				envelope and copy of this
The original of this completed proof of claim form must be ser ACCEPTED) so that it is actually received on or before 5 00 prior each person or entity (including individuals, partnerships, governmental units)	n, prevailin	a Pacific time, on Novembe	r 13, 2006	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911	Attn USA 1330 East	CM Claims Docketing Center t Franklin Avenue		FILED NOV 0 8 2001
El Segundo CA 90245-0911  DATE  SIGN and print the name and title if any of the this claim (attach copy of power of attorname).	he creditor or	do CA 90245 other person authorized to file		USA CMC
10/27/06 x Mariet Care	SKO"			1072501098

No STREET STATE	Cas		6.2405	<b>nterest (0.8/06/1491/4</b>	<u> 24 എ1 P</u> :	201225 of 11
		S. B. Android Control Market III	"PŔ	OF OF CLAIM	e reage in	
Name of Debtor:		Case Nu	mber:	1		
l	JSA Commercial M	ortgage Company	06-107	725-LBR		
This arisi	form should not be used ing after the commenceme	of Debtors and Case Numbers. to make a claim for an administrative expent of the case. A "request" for payment of filed pursuant to 11 U.S.C. § 503.		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		LY OWED MONEY BY A BORROWER S BEING SERVICED BY THE
	me of Creditor and COHEN, ALLI 12 STARBRO HENDERSON	1132124203455 EN OOK DR N NV 89052	60	statement giving particulars.  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  Check box if this address differs from the address on the envelope sent to you by the court.	DEBTORS YOU OF CLAIM. THIS BORROWER HE DO NOT FILE TH SECURED INTEI ONE OF THE DE If you have air Bankruptcy Court	DO <u>NOT</u> HAVE TO FILE A PROOF B INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT. HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
		other number by which creditor identifies	debtor:			
				Check here replain or if this claim amer	a previously	y filed claim dated:
1. B	ASIS FOR CLAIM		Retiree b	enefits as defined in 11 U.S.	C. § 1114(a)	Unremitted principal
-	Goods sold	Personal injury/wrongful death	_	salaries, and compensation (	fill out below)	Other claims against service (not for loan balances)
	Services performed Money loaned	☐ Other (describe briefly)		digits of your SS #:		(not for loan balances)
	i Worley loaned	Citier (describe briefly)	Unpaid o	compensation for services pe	rformed from:	to
2. D	ATE DEBT WAS INCUR	RED: 9-12-05	3. IF C	OURT JUDGMENT, DATE C	BTAINED:	(date) (date)
4. C	LASSIFICATION OF CLA	AIM. Check the appropriate box or boxes that				the time case filed.
1	ee reverse side for important			SECURED CLAIM		
UN	SECURED NONPRIORIT	Y CLAIM \$ no collateral or lien securing your claim, or b)	vour alaim	Check this box if yo	our claim is secu	red by collateral (including
H	exceeds the value of the pro-	operty securing it, or if c) none or only part of you		a right of setoff).		
LINS	entitled to priority. SECURED PRIORITY CL	Alba		Brief description of		
		an unsecured claim, all or part of which is		Real Estate	Motor Vehicle	e Other
_	entitled to priority.			Value of Collateral	<b>\$</b>	
	Amount entitled to priority  Specify the priority of the cla	\$		Amount of arrearage ar secured claim, if any:		at time case filed included in
		s under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	Г	Up to \$2,225* of deposits toward	ard purchase, lease	e, or rental of property or
		sions (up to \$10,000)*, earned within 180 days	, <u> </u>	services for personal, family, o		
-	before filing of the bankrupto business, whichever is earlie	cy petition or cessation of the debtor's er - 11 U.S.C. § 507(a)(4).		Taxes or penalties owed to go		- ( / ( , /
	Contributions to an employe	ee benefit plan - 11 U.S.C. § 507(a)(5).	L	<ul> <li>Other - Specify applicable part</li> <li>*Amounts are subject to adjust</li> </ul>		
				with respect to cases commen	ced on or after the	date of adjustment.
	OTAL AMOUNT OF CLA AT TIME CASE FILED:	IM \$ \$ .	100,0	00.00+411-\$		\$ 100,466.00
<b>₽</b>		(unsecured) ides interest or other charges in addition to the	•	ecured) amount of the claim. Attach ite	( priority) mized statement o	(Total)  of all interest or additional charges.
7. S	SUPPORTING DOCUM running accounts, contract DOCUMENTS. If the docu	f all payments on this claim has been createness. Attach copies of supporting doctors, court judgments, mortgages, security suments are not available, explain. If the company of the comp	<u>uments,</u> su agreement documents	ich as promissory notes, pure s, and evidence of perfection are voluminous, attach a sur	chase orders, inv of lien. DO NO mmary.	roices, itemized statements of T SEND ORIGINAL
/	ACCEPTED) so that it is	pleted proof of claim form must be sen actually received on or before 5:00 pm (including individuals, partnerships, o	ı, prevailin	g Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
1 0	povernmental units).	(moreung mumuudas, parmersinps, (	•			
1 1	Y MAIL TO: BMC Group		BMC Gro			
	Attn: USACM Claims Dock P. O. Box 911	keting Center		.CM Claims Docketing Cente t Franklin Avenue	٢	
E	El Segundo, CA 90245-09	11		do, CA 90245		
DAT	TE S	SIGN and print the name and title, if any, of the third copy of power of attor		other person authorized to file		
	11-8-06	Min All	COHE	W		

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OOF OF CLAIM	YOUR CLAIM IS SCHEDULED AS
ame of Debtor	Case Number		Schedule/Claim ID s31845
USA Commercial Mortgage Company	06-10725-LBR		Amount/Classification
oo to		20 25.1	Se = 0
OTE See Reverse for List of Debtors and Case Numbers has form should not be used to make a claim for an administrative existing after the commencement of the case. A 'request" for payment		Check box if you are aware that anyone else has filed a proof of claim relating	\$ 105,750 Somed
Immistrative expense may be filed pursuant to 11 U S C § 503	<del></del>	to your claim Attach copy of	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If
JOYCE E SMITH TRUST DATED 11/3/99 C/O JOYCE E SMITH TRUSTEE 3080 RED SPRINGS DR LAS VEGAS NV 89135 1548	001113	statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the	you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below  If the amounts shown above are listed as Contingent Unliquidated or Disputed, a proof of claim must be filed  If you have already filed a proof of claim with the
		envelope sent to you by the	Bankruptcy Court or BMC you do not need to file again
reditor Telephone Number ( ) 702-240-8607		court	THIS SPACE IS FOR COURT USE ONLY
ast four digits of account or other number by which creditor identifies  Aut 2296	s debtor	Check here repla	a previously filed claim dated
BASIS FOR CLAIM	Retiree	benefits as defined in 11 U S	C § 1114(a) Unremitted principal
☐ Goods sold ☐ Personal injury/wrongful death ☐ Sepvices performed ☐ Taxes		salaries and compensation ir digits of your SS #	(fill out below) Other claims against service (not for loan balances)
Money loaned Other (describe briefly)	Unpaid	compensation for services pe	erformed from to
			(date) (date)
DATE DEBT WAS INCURRED 9-22-05		COURT JUDGMENT DATE	
CLASSIFICATION OF CLAIM Check the appropriate box or boxes the See reverse side for important explanations	at best descr		THE OF THE CIGHT AT THE TIME CASE HER
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM	and the second by collatoral (including
Check this box if a) there is no collateral or lien securing your claim or b	) your claim		our claim is secured by collateral (including
exceeds the value of the property securing it or if c) none or only part of yill entitled to priority	our claim is	a right of setoff)	£ llaboral
NSECURED PRIORITY CLAIM	···	Brief description of	
Check this box if you have an unsecured claim: all or part of which is		AReal Estate	2-,50
entitled to priority		Value of Collatera	-11-J-J-
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrearage a secured claim if any	and other charges at time case filed included in \$\frac{105,750,50}{}
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	[	Up to \$2 225 of deposits tow	vard purchase lease or rental of property or or household use 11 U.S.C. § 507(a)(7)
Wages salaries or commissions (up to \$10 000) earned within 180 day before filing of the bankruptcy petition or cessation of the debtor's	/s [	Taxes or penalties owed to g	overnmental units 11 U S C § 507(a)(8)
business whichever is earlier 11 USC § 507(a)(4)  Contributions to an employee benefit plan 11 USC § 507(a)(5)	[	Amounts are subject to adu	ragraph of 11 U S C \$ 507(a) () ustrient on 4/1/07 and every 3 years thereafter enced on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$	105		\$ 105.750.50
AT TIME CASE FILED (unsecured)		(secured)	(priority) (Total)
Check this box if claim includes interest or other charges in addition to	the princin	•	**
6 CREDITS The amount of all payments on this claim has been of SUPPORTING DOCUMENTS <u>Attach copies of supporting of running accounts contracts court judgments mortgages, securing DOCUMENTS</u> If the documents are not available explain. If the	ocuments. Ity agreeme	such as promissory notes poents, and evidence of perfecti	urchase orders invoices itemized statements of ion of lien DO NOT SEND ORIGINAL
B DATE-STAMPED COPY To receive an acknowledgment of proof of claim	the filing o	of your claim enclose a stam	ped self addressed envelope and copy of this
The original of this completed proof of claim form must be s ACCEPTED) so that it is actually received on or before 5 00 for each person or entity (including individuals, partnership	pm, preva	iling Pacific time, on Nover	nber 13, 2006 USE ONLY
governmental units) BY MAIL TO		ID OR OVERNIGHT DELIVERY	FILED OCT 312
BMC Group Attn USACM Claims Docketing Center	BMC G Attn U	Broup SACM Claims Docketing Cei	
P O Box 911	1330 E	ast Franklin Avenue	1
El Segundo CA 90245 0911  DATE  SIGN and print the name and title if any o		undo CA 90245 or other person authorized to file	USA CMC
this claim (attach copy of power of at	torney if any		
10-20-06 Jayre 10 3	1-2/11/	1. Iresless	

1 ase up-107/25-0W/2 1000-88/1b-	<u> </u>	eren ux/ub/ii i/i//	Zill Pan	<u>e /                                   </u>
AUNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		OF OF CLAIM	7.025 7 org	
Name of Debtor Case Nu		mber		
USA Commercial Mortgage Company 06-107		25-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp arising after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of		Y OWED MONEY BY A BORROWER BEING SERVICED BY THE
Name of Creditor and Address 11321242036338	8	statement giving particulars  Check box if you have	DEBTORS YOU DO CLAIM THIS	O <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT IN THE COLLECTION ACCOUNT
KELLER, PETER 640 VALENCIA DRIVE BOULDER CITY NV 89005		never received any notices from the bankruptcy court or BMC Group in this case		IS PROOF OF CLAIM FOR A LEST IN A BORROWER THAT IS NOT BTORS
Creditor Telephone Number (7/12 243 - 6544		Check box if this address differs from the address on the envelope sent to you by the court	Bankruptcy Court	eady filed a proof of claim with the or BMC you do not need to file again
Last four digits of account or other number by which creditor identifies of	debtor	<b></b>		2101010001110020121
10725-LBR		Check here replace or if this claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal ınjury/wrongful death	Wages, s	salaries and compensation (	fill out below)	Other claims against servicer (not for loan balances)
Services performed Taxes  Money loaned Other (describe briefly)		digits of your SS #		,
Money loaned	Unpaid c	ompensation for services pe	rrormed from	to (date) (date)
2 DATE DEBT WAS INCURRED 01/19/2006	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	t best descri	be your claim and state the amo	unt of the claim at t	he time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$  Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your claim.		a right of setoff)		red by collateral (including
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of		<b></b>
Check this box if you have an unsecured claim all or part of which is		Real Estate		
entitled to priority		Value of Collateral	\$ 555	ATTACHED
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrearage at secured claim if any		at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward		
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)		services for personal family of Taxes or penalties owed to go		1
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other - Specify applicable par		P 171
Continuations to an employee benefit plan 11 0 0 0 3 007(4)(0)		* Amounts are subject to adju- with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$ \$	50,00	00.00 \$		\$
AT TIME CASE FILED (unsecured)  Check this box if claim includes interest or other charges in addition to the charges in the char	•	ecured) amount of the claim Attach ite	( prionty) emized statement o	(Total)  of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cree	dited and d	leducted for the purpose of n	nakına this proof	of claim
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting doct</u> running accounts contracts, court judgments mortgages, security a DOCUMENTS If the documents are not available, explain. If the	<u>uments,</u> su agreement	ich as promissory notes pur s, and evidence of perfection	chase orders, inv n of lien DO NO	orces itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of th proof of claim				
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or	ı, prevailin	g Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO BMC Group	BMC Gro	· · · · · · · · · · · · · · · · · · ·		FILED OCT 3 0 2006
Attn USACM Claims Docketing Center P O Box 911		CM Claims Docketing Cente t Franklin Avenue	er	USA CMC
El Segundo, CA 90245-0911	El Segun	do CA 90245		
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attor	ney If any)			1072500827
VOIZZIZOOLIVI I I NO PETER W	ELLE	IZ DETHE MELLER	T-AMILY	

	Lase	<u> </u>		IEIEU 00/00/11 14.2	4.UL Faut	- O UL TT
	DISTR	S BANKRUATCY COURT CT OF NEVADA		OOF OF CLAIM		
l	Name of Debtor		Case Nu	mber		
USA Commercial Mortgage Company 06-1072		'25-LBR				
	arising after the commenceme	of Debtors and Case Numbers to make a claim for an administrative exp int of the case A "request" for payment of the filed pursuant to 11 USC § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		OWED MONEY BY A BORROWER BEING SERVICED BY THE
	Name of Creditor and	1132124203635	9	statement giving particulars  Check box if you have never received any notices	OF CLAIM THIS!	O <u>NOT</u> HAVE TO FILE A PROOF NCLUDES MONEY FROM THAT D IN THE COLLECTION ACCOUNT
		RY RIDGE DRIVE		from the bankruptcy court or BMC Group in this case  Check box if this address		S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT TORS
	Creditor Telephone Number (			differs from the address on the envelope sent to you by the court	Bankruptcy Court o	ady filed a proof of claim with the or BMC you do not need to file again
		other number by which creditor identifies of	debtor	Check here Treplac		
	1 BASIS FOR CLAIM			if this claim amer	a previously i	filed claim dated
	Goods sold	Personal injury/wrongful death		penefits as defined in 11 U S		Unremitted principal
	Services performed	Taxes		salaries and compensation (	fill out below)	Other claims against servicer (not for loan balances)
	Money loaned	Other (describe briefly)		digits of your SS # compensation for services pe	rformed from	to
	2 DATE DEBT WAS INCURE	RED	3 IF C	OURT JUDGMENT, DATE C	BTAINED	(date) (date)
		AIM Check the appropriate box or boxes that				e time case filed
	See reverse side for important	·		SECURED CLAIM		
		no collateral or lien securing your claim or b)		Check this box if you a right of setoff)	our claim is secure	ed by collateral (including
	exceeds the value of the pro entitled to priority	operty securing it or if c) none or only part of yo	our claim is	Brief description of	collateral	
	UNSECURED PRIORITY CLA			Real Estate	Motor Vehicle	Other
	Check this box if you have a entitled to priority	an unsecured claim all or part of which is		Value of Collateral		000,00
	Amount entitled to priority  Specify the priority of the cla	\$		Amount of arrearage as secured claim if any		at time case filed included in
	Domestic support obligations	s under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits towa services for personal family of		
		sions (up to \$10 000)* earned within 180 days cy petition or cessation of the debtors er 11 U S C \$507(a)(4)		Taxes or penalties owed to go	vernmental units - 1	1 U S C § 507(a)(8)
	ļ <del></del>	ee benefit plan 11 U S C § 507(a)(5)	ᆫ	Other Specify applicable part * Amounts are subject to edjust	• .	• • • • • • •
				with respect to cases commer		late of adjustment
	5 TOTAL AMOUNT OF CLAI AT TIME CASE FILED	Y Y _	90 00			\$ 10,000
	Check this box if claim inclu	(unsecured) ides interest or other charges in addition to th	•	ecured) amount of the claim Attach ite	( priority) mized statement of	(Total) all interest or additional charges
	7 SUPPORTING DOCUM running accounts contract	f all payments on this claim has been cred IE NTS Attach copies of supporting docu- ts, court judgments, mortgages, security a	<i>uments,</i> su agreement	ich as promissory notes, pure s and evidence of perfection	chase orders, invo	orges itemized statements of
	8 DATE-STAMPED COPY proof of claim	urnents are not available, explain If the c Y To receive an acknowledgment of the	e filing of y	our claim enclose a stampe	d self-addressed	envelope and copy of this
	ACCEPTED) so that it is for each person or entity	pleted proof of claim form must be sen at tually received on or before 5 00 pm (including individuals, partnerships, c	ı, prevailin	g Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
	governmental units) BY MAIL TO BMC Group			OR OVERNIGHT DELIVERY TO	F	ED OCT 3 0 2006
	Attn USACM Claims Dock	ceting Center		up CM Claims Docketing Centa t Franklin Avenue	٠ ١٠	
	El Segundo CA 90245-09		El Seguno	do CA 90245		USA CMC
	DATE 10/24/2006	SIGN and print the name and title if any of the this claim (attach copy of power of attorn		r other person authorized to file		1072500808
	1 10/00/00	7-7	_	-	I	

UNITED STATES EXHIBITING COURT CO.	· · · - · · <del>-</del> ·	OF OF CLAIM CT LENDER		
Name of Debtor	Case Nur	nber	!	
USA Commercial Mortgage Company	06-1	0725-1.BR		
NOTE: See Reverse for List of <b>Debtors</b> and Case Numbers  This form should not be used to make a daim for an administrative expension after the commencement of the case. A "request" for payment of administrative expense may be five pursuant to 11 U.S.C. § 503		Check box d you are aware that anyone size has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address:		statement giving particulars		
MAYO, MONROE BRIS W SAHARA AVE # 532		Check hitt If you have never received any notices as the bankruptcy as BMC Group   this case		HE PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
LAS VEGAS NV 89117		Check box if this address differs from the eventure cent to	ONE OF THE DE	
Creditor Telephone Number (70)1		court.	THIS SPAC	ZEIS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identities	debtor	Check here  replac	A Drovinguich	/ filed claim dated
Castaic Partners III, LLC		if this claimamen	_	
1 BASIS FOR CLAIM	Retires b	enetts as defined in 11 US.0	5 1114(m)	☐ Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes		alaries and compensation (i	fill at below)	(not for loan belances)
Money loaned	•	ompensation for services per		to
Fraud, Misrepresentati 2 DATE DEBT WAS INCURRED	op lo	tential Deficier	CY	(date) (date)
A. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that		CATE OF THE PROPERTY OF THE		
See reverse side for important explanations.	I David Calcius		The CL HAS CHIMM TO	ine arm case may
UNSECURED NONPRIORITY CLAME \$ TREE TO LET		SECURED CLAIM		and the second second second
Check this box if a) there is no colleged or iten securing your claim or b) exceeds the value of the property securing it, or if c) none or only part of yo		a right of setoff) Brief description of		red by collateral (including
antitled to priority LINSECURED PRIORITY CLAIM		7 <b>–</b>	COllateral →	_
Check this box if you have an unsecured craw, all or part of which is entitled to priority		Vahrnof Collaterate	_ Motor Vehicle S The C	
Amount entitled to priority \$		Amount of arrearage ar	nd <b>other</b> charges	at time case fied included in
Specify the priority of the claim:		secured claim if any	<u> </u>	
Domestic support obligations under 11 U.S.C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225" of deposits lowe	rd purchase leas	e a rentel of property as
Wager salarise a commissions (up to \$10 000)* serned within 180 days before fitting of the bankruptcy patition a cessation of the debtor's business whichever is earlier - 11 U.S.C. § 507(a)(4)		services (a personal ferrity a Taxas a penelline owed to go		
Contributions to an employee benefit plan 11 USC. § 507(a)(5)		Other - Specify applicable part	• -	
Countries of the substitute relative bear 11 O'CO. 3 on follow		* Amounts are subject to adjust with respect to cases common	itinent on 4/1/07 a icad on or aller the	nd every 3 years thereafter a claim of activities art.
6 TOTAL AMOUNT OF CLAIM & UNKNOWN \$	UKKEU			\$8.750 estimated
AT TIME CASE FILED (unsecured)	(9	ecured)	( artarity)	(Total)
Check this box if daim includes interest or other charges in addition to it	•	•	***	• •
6 CREDITS The amount of all payments on this daim has been cree 7 SUPPORTING DOCUMENTS Attach cooling of supporting docu- running accounts, contracts court judgments, mortgages, security a DOCUMENTS if the documents are not available, explain if the	<i>ments</i> suc	ch as promissory notes pure and avidence of <b>perfection</b>	chase <b>orders</b> , inv	voices itemized statements of
B DATE-STAMPED COPY To receive an acknowledgment of the proof of daim			-	denvelope and copy of this
The original of this completed pmof of claim form must be east ACCEPTED) so that it is actually received on or before \$:00 pm for each person or entity (including individuals, partnerships, a covernmental units).	, prevallin	g Pacific time, on Novembe	er 13, 2006	THIS SPACEFOR COURT USE ONLY
governmental unite). BY MAN. TO: BMC Group	BY HAND	DR OVERNIGHT DELIVERY TO ID	+	
Attn: USACM Claims Docketing Center	Attn USA	<b>ip</b> CM Claims <b>Docketing</b> Cente	r	
P O Box 911 El Segundo, GA 90245-0911	1330 Eaat	Franklin Ävenue o CA <b>90245</b>		
DATE SIGN and print the name and title, if any of the title claim (attach copy of police of attorn	e creditor or ney yany):	other person authorized to file		USA CMC
) '77 411/V ) (Alvidence \c\X\\ a	10.	-		1072501591

## FORM B10 (Official Form 10) (10/05)

TO NIM DID (Cilician I onn 10) (10/03)					
UNITED STATES BANKRUPICY COURT	Dist	RIC I OF NEVADA	PROOF OF CLAIM		
Name of Debior		luniber	THOO! OF COMIN		
USA COMMERCIAL MORTGAGE CO	0.0	5-10725			
NOTE This finer should not be used to make a claim for an administrative expense in					
Name of Citation (The person or other entity to whom the	3	k hox if you are tware that anyone			
debior owes money or property)  FRIEDA MOON TRUSTEE OF THE DECEDENT'S TRUST OF THI RESTATED MOON IRREVOCABLE TRUST DATED 6/12/987	E your	has filed a proof of claun relating to claim. Attach copy of a itement ig particulars			
Name and address where notices should be sent Frieda Moon	1	k box if you have never received any its from the bankruptey court in this			
2504 CAlita Court Las Vegas, NV 89102 Clephon number 792-599-6000	addr	ck box if the address differs from the ess on the envelope sent to you by court	THE SPACE IS FOR COURT USE O MY		
List four digits of account or other number by which creditor	Cher	k here replaces	5/22/06		
identifies debtor	if the	s claim od amends a previously fil	ed claim dated <u>5/23/</u> 06		
I Basis for Claim General Claim Class 4  Goods sold Servicus performed Money loaned		Retirct benefits as defined in Wages salaries and compens Last four digits of your SS # Unpaid compensation for ser	ation (fill out below)		
Personal injury/wrongful death		from	to		
∏ Taves  ☑ Other Negligence and Fraud		(daic)	(date)		
2 Date debt was incurred September 21, 2005	3	If court judgment, dute obtaine	d		
1 Classification of Claim Check the appropriate box or boxes the	hat best des	enbe your claim and state the amoun	t of the claim at the time case filed		
Unsecured Nonpriority Claim s 51,076.38		Secured Claim			
		Check this box if your claim	is secured by collateral (including		
Check this box it a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority	none or	a right of setoff)  Brief Description of Collate	ral		
Unsecured Priority Claim		☐ Real Estate ☐ Motor  Value of Collateral \$			
Check this box if you have an unsecured claim all or part of childed to priority	orges <u>at time case filed</u> included in				
Amount entitled to priority \$					
Specify the priority of the claim  Domestic support obligations under 11 U.S.C. § 507(a)(1)(A)		Up to \$2 225* of deposits toward progression personal family or h § 507(a)(7)			
(1)(1)(B)	_	Taxes or penaltics owed to governme	ental units 11 USC § 507(a)(8)		
☐ Wages salaries or commissions (up to \$10,000) > carned with days before filing of the bankruptcy petition or cessation of the deb business whichever is earlier 11 U.S.C. § 507(a)(4)	in 180	Other - Specify applicable paragraph	h of 11 USC § 507(a)()		
Contributions to an employee benefit plan - 11 USC § 507(		with respect to cases commenced on			
5 Iotal Amount of Claim at Time Case Filed		51,076.38	51,076.38		
As of NOv. 6, 2006  Check this box if claim includes interest or other charges in administrator or additional charges	ldition to th	(unaxanti) (secured) e principal amount of the claim. Atta	(priority) (Total) ich itemized statement of all		
6 Credits The amount of all payments on this claim has bee	n crudited a	and deducted for the purpose of	THE SENCE IS TOR COURT UNI ONLY		
making this proof of claim					
7 Supporting Documents Attach copies of supporting documents invoices itemized statements of running accounts contragreements and evidence of perfection of item DO NOT SE	racts court ND ORIGII	judgments mortgages security NAL DOCUMENTS If the			
documents are not available explain. If the documents are voluminous attach a summary  8. Data Stampad Copy. To receive an acknowledgment of the filing of your claim enclose a stamped self.					
addressed envelope and copy of this proof of claim	g or you	a cantin consider a similared Sen	FILED DEC 0 6 200		
Date Sign and print the name and title if any of file this claim (attach copy of power of alternative)					
Nancy L. Alle, Esq	Bar #	0128	USA CMC		

Case 06-10725-gwz Doc 8846-3 Entered 08/06/11 14:24:01 Page 11 of 11 FORM B10 (Official Form 10) (10/05)

UNITED STALL	S BANKRUPTCY COURT	Dis	TRICT	아 Nevada	PROOF OF CLAIM
Name of Dubtor		Case	Number	06-10725-LBR	PROOF OF CLAIM
	USA Commercial Mortgage Company			00-10725-LBR	
NOTE This form	should not be used to make a claim for an admini	strative exp	ense an	ising after the commenceme	nt
of the case. A re-	quest for payment of an administrative expense ma	ly be filed	pursuan	t to TI USC. § 503	
Name of Creditor	(The person or other entity to whom the			if you are aware that anyon	
debtor owes mone	Norma Lamb-Groves Trust			ed a proof of claim relating a Attach copy of statement	10
	Dated 2/18/03  Norma Lamb-Groves, Trustee	givi	ng parti	culars	
Name and address	where notices should be sent			if you have never received a in the bankruptcy court in the	
	a Lamb-Groves Player Circle	Case		n the bankruptcy count in the	iia .
	eorge, UT 84790			if the address differs from the envelope sent to you by	ne
Telephone numbe	r 435-673-6864		court.	the envelope sent to you by	THIS SPACE IS FOR COURT USE ONE
Last four digits of identifies debtor	account or other number by which creditor		ck here		@1.1.1. 1. 1
		11 (11	ıs claım	amends a previously	filed claim dated
1 Rasis for C			7	Retiree benefits as defined	
Goods Service	sold es performed			Wages salaries and comp Last four digits of your SS	
✓ Money	loaned			Unpaid compensation for	
Person Taxes	al injury/wrongful death		1	from	to
✓ Other	See Exhibit A			(date)	(date)
2. Date debt v	vas incurred October 5, 2005	3.	If co	urt judgment, date obtai	red
4 Classification See reverse side	of Claim. Check the appropriate box or boxes the for important explanations	at best des	cribe yo	our claim and state the amo	unt of the claim at the time case file
	priority Claim \$ 101,493 05			red Claim	
Check this b	pox if a) there is no collateral or lien securing you ceds the value of the property securing it or if c)	r claım. or	N	Check this box if your clain to f setoff)	im is secured by collateral (including
b) your claim exco	eeds the value of the property securing it or if c) claim is entitled to priority	none or	u iig		
Unsecured Prior		· · · · · · · · · · · · · · · · · · ·		Brief Description of Colla	iteral tor Vehicle  Other
	ox if you have an unsecured claim all or part of w				unknown
entitled to priority	ox it you have all unsecured claim all or part of w	nich is	Amo		charges at time case filed included in
Amount entitled to	priority \$		secui	red claim, if any \$_1493	3 05
Specify the priority o	f the claim		Lin to 1	52 225* of denosits toward	purchase, lease or rental of property
	port obligations under 11 USC § 507(a)(1)(A) o	-	OF SETV	ices for personal, family or	r household use - 11 USC
(a)(1)(B)	port outguttons under 11 0 5 C 4 50/(a)(1)(A) (	· 🗀	§ 507(		
Wages salarie	s, or commissions (up to \$10,000),* earned within	내80님			mental units - 11 U S C § 507(a)(8)
business whicheve	of the bankruptcy petition or cessation of the debter is earlier 11 U S C § 507(a)(4)	ors 📙			aph of 11 USC § 507(a)() 4/1/07 and every 3 years thereafter
	s to an employee benefit plan - 11 USC § 507(a		with re	re subject to dajustment on spect to cases commenced (	on or after the date of adjustment
	int of Claim at Time Case Filed		101.4	93 05 _101.493.05	\$101,493 05
Check this box	of claim includes interest or other charges in additional charges.	ition to the	(unsecu	(becured)	(property) (Total)
6 Credits Th	e amount of all payments on this claim has been	credited a	nd dedu	cted for the purpose of	THIS SPACE IS FOR COURT USE ONLY
making this pro	of of claim.				
orders invoices	ocuments. Attach copies of supporting docume itemized statements of running accounts, contra	ents, such a	s prom	issory notes, purchase	
agreements and	devidence of perfection of lien DO NOT SENI	D ORIGIN	AL DO	CUMENTS If the	
documents are r	not available explain if the documents are volun	ninous, atta	ach a su	mmary	
<ol> <li>Date-Stamped addressed envel</li> </ol>	Copy To receive an acknowledgment of the fill ope and copy of this proof of claim	ing of you	r claım	enclose a stamped, self-	<b>ILED JAN 16 2007</b>
Date	Sign and print the name and title, if any, of the	e creditor	or othe		1
lan 10, 2007	me this claim (attach copy of power of attor	ney if any	)		
Jan 10, 2007	Norme Lamb- Gr	over	,	TRUSTEE	USA CMC